

Workforce Training and Education Coordinating Board

P.O. Box 43105 · Olympia · WA 98504-3105

Phone: 360-709-4600 · Fax: 360-586-5862

Attn: Transcripts

Transcript Request Form

Number of Transcripts Requested (Check all that apply):

☐ 1 official* & 1 unofficial to student

☐ Other (Please specify): _____

☐ 1 official to school/organization _____

*Official means transcript will be sealed in an envelope and stamped. Do not open the official copy – it is not official unless sealed. The unofficial copy you receive is identical to the official, sealed copy.

Student Information:

Name: _____

Name used during school attendance (if different from above): _____

Current Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Date of birth: _____ Last four digits of your SSN: _____

(Required to verify your identity)

Closed School Information:

Name of the school: _____ Graduated? _____

Campus location: _____ Program: _____ Year(s) Attended: _____

School/Organization where transcript needs to be sent:

Contact Name/Department: _____

School/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature/Certification:

By signing below, I certify that the records I am requesting are my own. Further, I authorize the release of my records to the school/organization identified above.

Student's Signature _____ Date _____

(Your request must be signed in order for it to be processed)

The Workforce Board can only accept signed requests submitted via mail or fax to the above address/fax number. Although we make every effort to retrieve student records of closed schools, some records were never sent to this agency and some are incomplete. You will be provided with copies of what we have on file for you. Your request will be processed within 10 business days (excluding weekends and holidays) of our receipt.